Case:14-05033-swd Doc #:43 Filed: 10/22/14 Page 1 of 6

B6F (Official Form 6F) (12/07)

continuation sheets attached

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In re_	Pierson, Patsy J.	
	D	ebtor

, CD, -			
	Case No	14-05033-swd	

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT ORCOMMUNITY UNLIQUIDATED CONTINGENT DATE CLAIM WAS INCURRED AND CREDITOR'S NAME, CODEBTOR DISPUTED AMOUNT MAILING ADDRESS CONSIDERATION FOR CLAIM. OF IF CLAIM IS SUBJECT TO SETOFF, INCLUDING ZIP CODE CLAIM AND ACCOUNT NUMBER SO STATE. (See instructions above.) ACCOUNT NO. Incurred: 2014 Consideration: Legal Services Chapman Law Firm 3310 Eagle Park Drive N.E. 870.00 Suite 207 Grand Rapids, MI 49525 ACCOUNT NO. $21\overline{15}$ Incurred: to present Consideration: Credit card debt Chase P.O. Box 15123 6,879.88 wilmington, DE 19850-5123 Bankruptcy2014 @1991-2014, New ACCOUNT NO. 40386546 Incurred: 2014 Consideration: Satellite TV Directy P.O. Box 6414 141.41 Carol Stream, IL 60197-6414 ACCOUNT NO.

> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

Subtotal >

\$

7,891.29 7,891.29

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Fill in this information to identif	y your case:					
Deblor 1 Patsy J. Pierson						
Deblor 1 Palsy J. Plerson First Name	Middle Name	Lest Name				
Debtor 2 (Spouse, If filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the	.: Western	District of MI				
Case number	14-05033-swd	_		Check if t	this is:	
(If known)				An an	nended filing	
					plement showing po	
Official Form B 6I					er 13 income as of th	le following date:
	ur Iraama			MM / DI	D/YYYY	
Schedule I: Yo	ur income					12/13
you are separated and your spo eparate sheet to this form. On the Part 1: Describe Employ	e top of any additional p	ages, write your n	ame and cas	e number (if i	known). Answer every	question.
. Fill in your employment information.		Debtor 1			Dobter 2 or non	
If you have more than one job.		Dentol 1			Debtor 2 or non-	ming spouse
attach a separate page with information about additional	Employment status	X Employed			Employed	
employers.		Not employ			Not employed	1
Include part-time, seasonal, or self-employed work,		Nursing Assist	tant			
Occupation may include student	Occupation	Anising Assist	tant			
or homemaker, if it applies.		Mary Free Bed	d Rehabilita	ition Hospita	al	
	Employer's name				-	<u> </u>
	Employer's address					
		Number Street			Number Street	
		· ·				<u> </u>
		City	State ZIP	Code	City	State ZIP Code
	How long employed the	ere? 25 yrs				
			•			
Part 2: Give Details Abou	t Monthly Income					
Estimate monthly income as of	the date you file this for	m. If you have noth	ing to report t	or any line, wr	ite \$0 in the space. Inc	lude your non-filing
spouse unless you are separated If you or your non-filing spouse h		er, combine the info	ormation for a	ll employers fr	or that person on the lin	ės.
below. If you need more space, a	itlach a separate sheet to the	his form.		employere to	or that person on the mi	00
			Fo	r Debtor 1	For Debtor 2 or non-filing spouse	
2. List monthly gross wages, sal						•
deductions). If not paid monthly,			2. \$2	2,641.00	\$N.A.	
s. Estimate and list monthly over	rtime nav			0.00	+ c N.A.	
	timo puy.		3. + \$		+ \$	

Patsy J. Pierson 14-05033-swd

Deblor 1

First Name Middle Name Last Name

Last Name Last Name

	CONTROLS	Fo	r Debtor 1			btor 2 or ng spouse		
Copy line 4 here	→ 4.	\$_	2,641.00		\$	N.A.	_	
5. List all payroll deductions;								
	4		395.00			N.A.		
5a. Tax, Medicare, and Social Security deductions	5a.	\$_	0.00	-	\$	N.A.	-	
5b. Mandatory contributions for retirement plans	5b.	\$_	186.00	-	\$	N.A.	-	
5c. Voluntary contributions for retirement plans	5c.	\$_	260.00	.	\$	N.A.	-	
5d. Required repayments of retirement fund loans	5d.	\$_	363.00	-	\$	N.A.	-	
5e. Insurance	5e.	\$_	0.00	<u>-</u> :	\$	N.A.	-	
5f. Domestic support obligations	5f.	\$_		_	\$		-	
5g. Union dues	5g.	\$_	0.00	_	\$	N.A.	-	
5h. Other deductions. Specify:	5h.	+\$_	0.00	+	\$	N.A.		
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h	. 6.	\$_	1,204.00	-	\$	N.A.	_	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,437.00	-	\$	N.A.	-	
B. List all other income regularly received:								
 Net income from rental property and from operating a business, profession, or farm 								
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	_	\$	N.A.	_	
8b. Interest and dividends	8b.	\$	0.00		\$	N.A.		
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	ent	-		•	-		•	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	-	\$	N.A.	-	
8d. Unemployment compensation	8d.	\$_	0.00		\$	N.A,		
8e. Social Security	8e.	\$_	0.00		\$	N.A.		
8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$_	0.00	-	\$	N.A.	,	
8g. Pension or retirement income	8g.	æ	0.00		¢	N.A.		
8h. Other monthly income. Specify: Childrens' contribution (114.00);		+ _s	114.00		Ψ <u> </u>	N.A.		
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	* \$_ \$_	114.00	 [\$ \$	N.A.]	
O. Calculate monthly Income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$_	1,551.00	 	\$	N.A.]= [\$_	1,551.00
State all other regular contributions to the expenses that you list in Sche	dula			' '			,	
Include contributions from an unmarried partner, members of your household, other friends or relatives,			ents, your ro	ommate	s, and	ı		
Do not include any amounts already included in lines 2-10 or amounts that are Specify:	not av	/ailabl	e to pay expe	nses ils	ted in		-	0.00
		ر از از ا					ı. + \$	
 Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of C 				•			Com	1,551.00
13. Do you expect an increase or decrease within the year after you file this X No.	form?	6 1 31 					mon	thly income
Yes. Explain:					_			

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Fill in this in	formation to identify	your case:				
Debtor 1	Patsy J. Pierson	Middle Name Last Name	Check if	this is:		
Debtor 2			——— An ar	nended f	ilina	
(Spouse, if filing)		Middle Name Last Name Western District of	T A sur		•	petition chapter 13
United States 8	Bankruptcy Court for the:	Distlict 0	exper	ises as c	of the following	date:
Case number (If known)		14-05033-swd	MM /	DD / YYYY		
,	- · 				•	2 because Debtor 2
Official F	Form B 6J		maini	ains a se	parate housel	noia
Sched	ule J: Yo	ur Expenses		·		12/13
nformation. If	·	ossible. If two married people are fill ed, attach another sheet to this form		•		•
art 1:	Describe Your Hou	sehold				
is this a join	ıt case?					
No. Go						
==	s Debtor 2 live in a s	eparate household?	•			
	No	$(p_{ij}) = \frac{1}{2} \frac{\partial \mathcal{L}_{ij}^{(i)}}{\partial x_{ij}} + \frac{1}{2} \frac{\partial \mathcal{L}_{ij}^{($				
	Yes, Debtor 2 must file	e a separate Schedule J.				
Do you have	e dependents?	X. No	Daman danski laki bila 4-			
Do not list De	ebtor 1 and	Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
Debtor 2.	the dependents'	each dependent				No
names.	the dependents		·			Yes
			·			No
						Yes
						No Yes
						No
			-			Yes
						No
				 , -		Yes
expenses of	enses include people other than your dependents?	X No ☐ Yes				
		ng Monthly Evanges	The second secon	- Linear T Estimates of the	AN THE SAME OF STREET SERVICES TO SERVICE	
	Imate Vour Oncole					
rt 2: Est	imate Your Ongoir					
rt 2: Est	expenses as of your	bankruptcy filing date unless you a				
rt 2: Est	expenses as of your f a date after the bank					
rt 2: Est timate your o penses as of pilcable date	expenses as of your f a date after the bank e.	bankruptcy filing date unless you a	ental <i>Schedule J</i> , check the b			
rt 2: Est timate your o penses as of pilcable date clude expens	expenses as of your f a date after the bank e. ses paid for with non-	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme	ental <i>Schedule J</i> , check the b			and fill in the
atimate your openses as of plicable date clude expens such assista	expenses as of your f a date after the bank e. ses paid for with non- ance and have include	bankruptcy filing date unless you al kruptcy is filed. If this is a suppleme -cash government assistance if you	ental <i>Schedule J</i> , check the b I know the value Official Form B 6I.)		top of the form	and fill in the
rt 2: Est etimate your of penses as of pilicable date clude expens such assista The rental of	expenses as of your f a date after the banks. ses paid for with non- ance and have includer them.	bankruptcy filing date unless you alkruptcy is filed. If this is a suppleme- cash government assistance if you ed it on Schedule I: Your Income (O	ental <i>Schedule J</i> , check the b I know the value Official Form B 6I.)	ox at the	top of the form	and fill in the
atimate your openses as of plicable date clude expens such assista The rental of any rent for lift not include the state of the state	expenses as of your f a date after the banks. ses paid for with non- ance and have include or home ownership extending the ground or lot.	bankruptcy filing date unless you alkruptcy is filed. If this is a suppleme- cash government assistance if you ed it on Schedule I: Your Income (O	ental <i>Schedule J</i> , check the b I know the value Official Form B 6I.)	ox at the	top of the form	and fill in the
rt 2: Est etimate your of penses as of pilicable date clude expens such assista The rental of any rent for if not include 4a. Real es	expenses as of your f a date after the banks. ses paid for with non- ance and have included in home ownership extended in line 4:	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme -cash government assistance if you ed it on <i>Schedule I: Your Income</i> (O xpenses for your residence. Include	ental <i>Schedule J</i> , check the b I know the value Official Form B 6I.)	ox at the	top of the form	and fill in the sees 500.00
art 2: Est stimate your of penses as of pilicable date clude expens such assista The rental of any rent for if not includ 4a. Real est	expenses as of your f a date after the banks. ses paid for with non- ance and have include or home ownership exite ground or lot, ded in line 4: state taxes	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme -cash government assistance if you ed it on Schedule I: Your Income (O xpenses for your residence. Include	ental <i>Schedule J</i> , check the b I know the value Official Form B 6I.)	ox at the description of the des	top of the form	500.00 0.00

Debtor 1 Patsy J. Pierson
Fint Name Middio Name Lest Name

Case number (if known) 14-05033-swd

			Your ex	rpenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
		٥.		
6.	Utilities:			125.19
Ė	6a. Electricity, heat, natural gas	6a.	\$	0.00
12.	6b. Water, sewer, garbage collection	6b,	\$	160.00
	6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: trash pickup	6c.	\$	10.00
i		6d.	\$	235,10
7.	Food and housekeeping supplies	7.	\$	0.00
8.	Childcare and children's education costs	8.	\$	11,00
9,	Clothing, laundry, and dry cleaning	9.	\$	0.00
10.	Personal care products and services	10.	\$	
11.	Medical and dental expenses	11.	\$	0.00
	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	s	0.00
14.	Charitable contributions and religious donations	14.	\$ \$	0.00
	insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		·	
	16a. Life insurance		•	22.00
	15b. Health insurance	15a.	\$	0,00
	15c. Vehicle insurance	15b,	\$	125.00
	15d. Other insurance. Specify: Children's life insurance	15c.	\$	7.00
	Tod, Other Insurance, Specify; Simple of Misurance	15d.	\$	7.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2		Ψ <u> </u>	0.00
	17c. Other. Specify: 2009 Ford Focus	17b.	Ψ	155.71
		17c.	3	0.00
	17d. Other. Specify:	17d.	\$ <u></u>	
18, ` f	four payments of allmony, maintenance, and support that you did not report as deducted rom your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$	0.00
19. (Other payments you make to support others who do not live with you.			0.00
8	pecify:	19.	\$	0.00
20, (Other real property expenses not included in lines 4 or 5 of this form or on Schedule i: Your income	9.		
;	20a. Mortgages on other property	20a.	\$	0,00
:	20b. Real estate taxes	20b.	\$	0.00
	0c. Property, homeowner's, or renter's insurance		\$	0.00
:				
	20d. Maintenance, repair, and upkeep expenses	20c. 20d.	\$	0.00

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Deblor 1	Patsy J. Pierson			Case number (# &	Case number (# known) 14-05033-swd				
	First Name	Middle Name	Last Name		·				
Other.	Specify:					21.	+\$	0.00	
		nses. Add lines 4 nthly expenses.	through 21.			22.	\$	1,551.00	
		hly net Income.			•		œ	1,551.00	
			<i>nthly income</i>) fron m line 22 above.	n Schedule I.		23a, 23b.	- \$	1,551.00	
		onthly expenses or monthly net in	from your monthly	y income.		23c.	\$	0.00	
Do you e	wnoct an Inc	erano or doores		nses within the year after			<u> </u>	·	
For exam	nple, do you e	xpect to finish pa	aying for your car i	loan within the year or do y modification to the terms	you expect your		•		
X Yes.	Explain he Rent an	ere; d utilities are	estimated	and the second s	and an annual superior and annual superior annual superior and annual superior	<u>. بسول</u>	Egik T (Z nikk (1 mil) kilokoro nomegipi	Managa M agaga atau ka asa asa asa asa asa asa asa asa asa	
			e of the second	The state of the s					